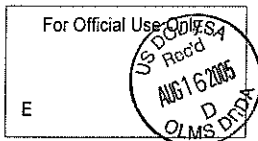


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18167</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>Thomas A Leach</b>  P.O. Box, Bldg., Room No., if any  Street <b>3455 Germantown Pike</b>  City <b>Collegeville</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>19426</b>	4. Name, file number, and address of labor organization.  Name <b>I.B.E.W. Local Union No. 126</b>  Labor Organization File Number <b>014-983</b>  P.O. Box, Building and Room Number, if any  Street <b>3455 Germantown Pike</b>  City <b>Collegeville</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>19426</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/9/05  
Date

610-489-1185

Telephone Number

Name of Person Filing <b>Thomas Leach</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Northeastern Joint Apprenticeship &amp; Training</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 210</b></p> <p>Street <b>649 North Lewis Road</b></p> <p>City <b>Limerick</b></p> <p>State <b>Pennsylvania</b> ZIP Code + 4 <b>19468-1234</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Northeastern Joint Apprenticeship &amp; Training is a non-profit organization that provides training for electrical linemen in a region that includes several states and local unions. The organization is funded by contractors in the electrical industry.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>The Union officer is a trustee for the Northeastern Joint Apprenticeship &amp; Training. As a trustee, certain out of pocket travel expenses are incurred in connection with trustee meetings and national conferences. These expenses are reimbursed.</p> <p>12.b. Amount. <b>\$5,061</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Thomas Leach	File Number U-
------------------------------------	----------------

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local Union 126 Health and Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3455 Germantown Pike</p> <p>City Collegeville</p> <p>State Pennsylvania ZIP Code + 4 19426</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local Union 126 Health and Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3455 Germantown Pike</p> <p>City Collegeville</p> <p>State Pennsylvania ZIP Code + 4 19426</p>	<p>11.a. Nature of such dealing.</p> <p>The Fund is an employee benefit plan that provides health and welfare benefits to the members of Local Union No. 126. The Fund has no employees and is administered by trustees from contributing contractors and the Local Union.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>The Union officer is a trustee for the Fund and was reimbursed for certain out of pocket travel expenses incurred while attending a national conference for employee benefit plans.</p> <p>12.b. Amount. \$393</p>